IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 10/27/97

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 068209 PIN# 3774 749738 DATE 2-4-00

OWNER OR CONTRACTOR CHANG YANG PHONE: Business Home (704) 408-2967

ADDRESS 3757 DEAL ROAD, CLAREMONT NC 28610

LOCATION I-40 W, JR SHARON SCHOOL ROAD, TL STEWART ROCK DRIVE, 7TH LOT ON LEFT BEFORE RIVERWALK DRIVE

SUBDIVISION RIVERWALK BLOCK / SECTION I LOT 36 LOT AREA 4.52 ACRES SITE CLASS PS DESIGN FLOW 720 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 1011 Date 11-20-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eq. 2400 Linear Feet 600

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Rock Depth 6" SAND

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 25% REDUCTION QUANTITY

Repair System Description: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms 4

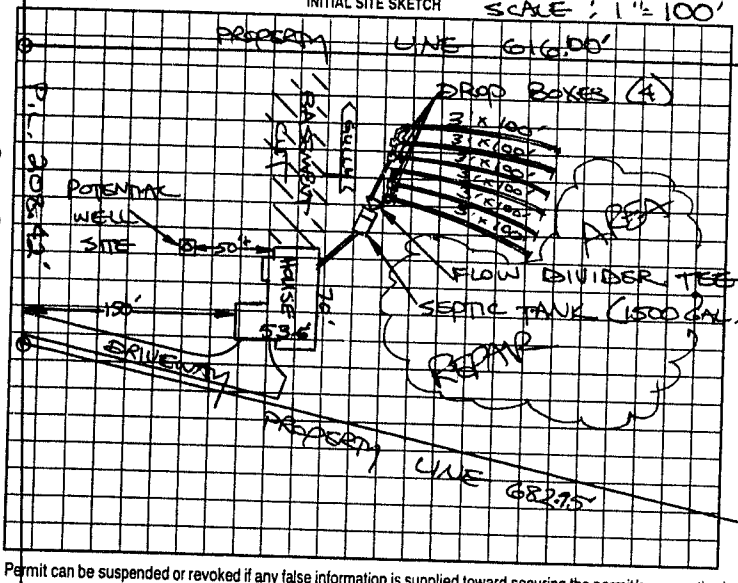
☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

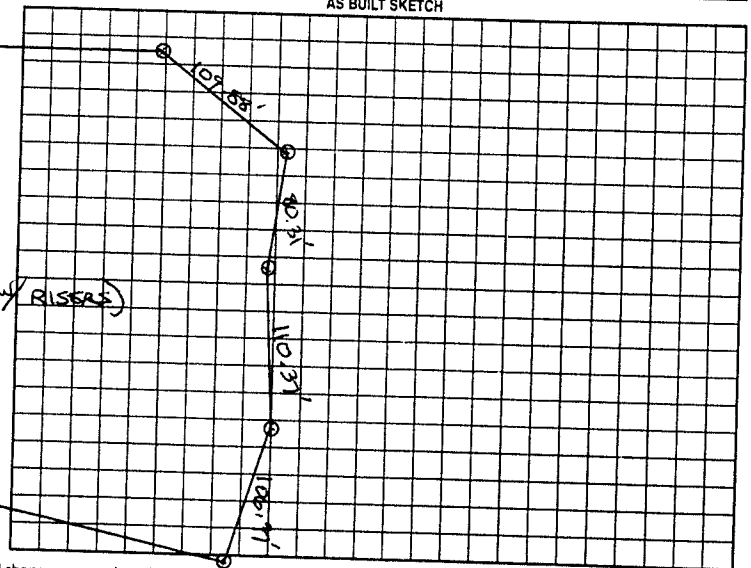
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING ONE HUNDRED (100) CHAMBERS OR SIXTY (60) HDS SECTIONS AS SHOWN ON CONTOUR ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL.

INITIAL SITE SKETCH SCALE: 1" = 100'



Comments/Conditions: Installed as shown

AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: + Chang Yang date 2-4-00

Improvement Permit by: STEVE HERRICK date 2-4-00

Authorization to Construct by: STEVE HERRICK date 2-4-00

Installed by: David Younts

Operation Permit by: Mark Cutters date 10-24-00

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK